

Professional Engineering Experience and Verification

Applicant: Complete sections 1 and 2 and send this form to your verifiers. Ask them to complete section 3 and return it to you in a sealed envelope, signed across the flap. When you get these back from your verifiers, mail them to: Professional Engineers and Land Surveyors, Department of Licensing, PO Box 9025, Olympia WA 98507-9025

Work experience must be gained under the direct supervision of a professional engineer (PE), except for federal government or manufacturing employees.

- Federal government employees: You are not required to gain experience under a PE. Your direct supervisor must verify your experience.
- Manufacturing employees: You are not required to gain experience under a PE, but a PE must be employed by the firm. Your direct supervisor must verify your experience.

Name and license number of PE at time of your employment _____

Dates of employm	ranch applying for	Average hours per week	
	nent <i>(From, To)</i>	Average hours per week	
	nent (From, To)	Average hours per week	
Supervisor title			
	Supervisor title		
is section			
strate sufficient br judgments and d . Additional sheets	readth and scope decisions are trus s may be attache	e, and be reflective sted and relied upon.	
	erformed. One sent strate sufficient bi judgments and d	is section event. All categories must be compromed. One sentence description strate sufficient breadth and scope judgments and decisions are trust. Additional sheets may be attached as for additional events.	

Applicant name
Work experience descriptions – continued
Describe your experience C. Identifying possible alternative methods and concepts.
D. Defining performance specifications and functional requirements.
E. Solving engineering problems.
F. Interacting with professionals from other areas of practice.
G. Effectively communicating recommendations and conclusions.
H. Demonstrating an understanding and concern for energy/environmental considerations and sustainability of resources.

Applicant name				
Applicant mailing address _				
descriptions for the verifi After completing your verifier.	m include descriptions of er cation below. rification, return this form t	to the applicant in a sea	led envelop	oe signed across the flap.
PRINT or TYPE Verifier's name	Vernication – Supervis	or/vermer complete this so	Titl	ch additional sheets if needed.
(Area code) Telephone number		Email		
State where you are licensed	Registration/license number	Issue date		Expiration date
, 0	professional engineer at the ervision over the applicant's	,	applicant? .	
If you are not the applican to provide this verification:		in your working relationsh	ip to the app	plicant and how you are able
admission to the profession A. Formulating concluse B. Identifying design are C. Identifying possible and D. Defining performance E. Solving engineering F. Interacting with profection G. Effectively communication	on: ions and recommendations ad/or project objectives alternative methods and con e specifications and functio problems essionals from other areas of cating recommendations ar	ncepts onal requirements of practice nd conclusions		prepared to be examined for
	description of experience, ir			

Work experience verification – contir	nued	
Answer the following	upervisor?	years/months
	for which the applicant made engineering judgments	
certify under penalty of perjury under the la	aws of the state of Washington that the foregoing is tro X Verifier's signature	ue and correct.

Please affix your stamp or seal in the space below. If no seal or stamp is available, attach a copy of your current license. If the stamp or license cannot be provided, provide a detailed explanation.

